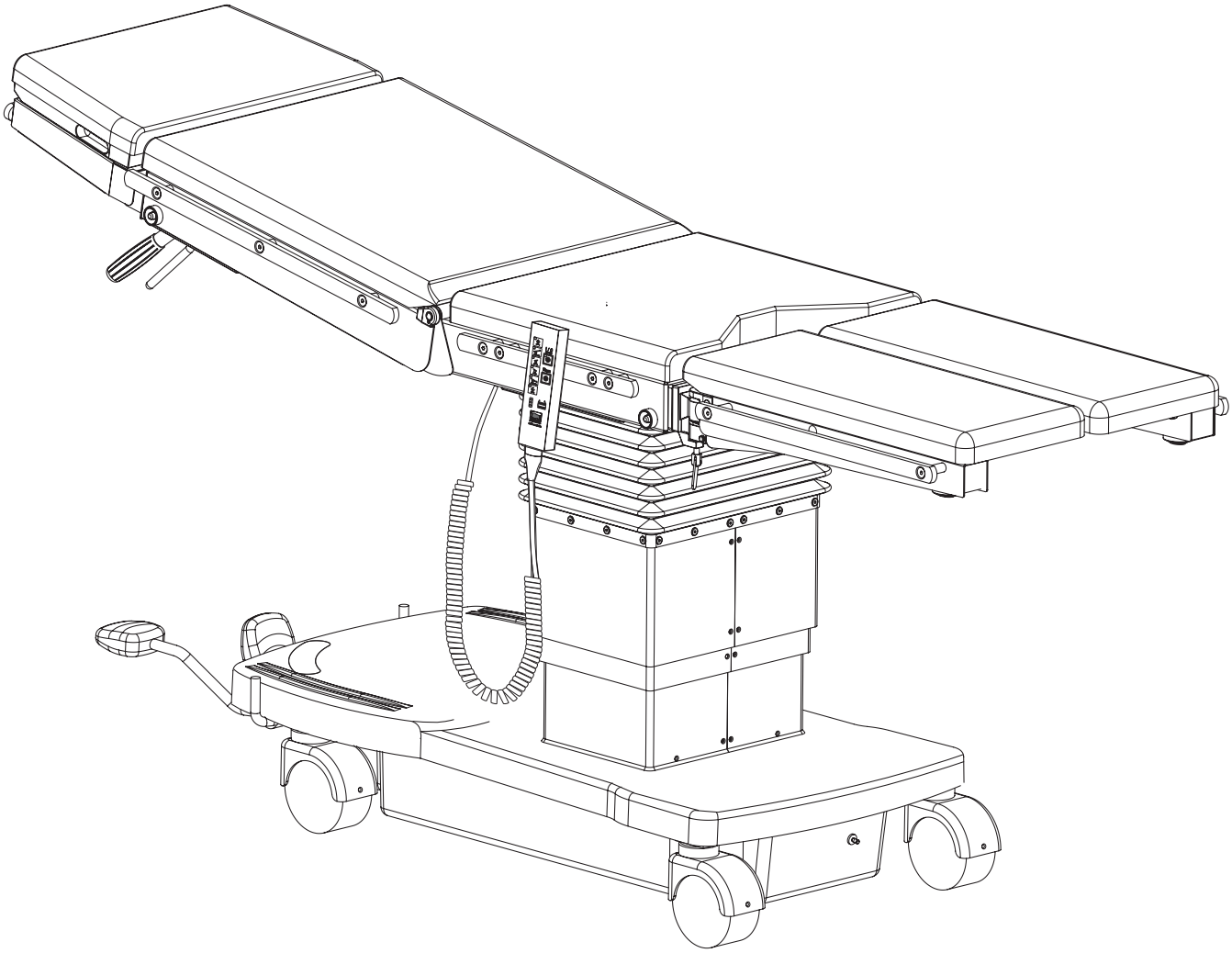
Operating manual
Operating table OPX mobilis



This operating manual includes instructions for the operation of the mobile operating tables

- OPX mobilis 200 (161.201)
- OPX mobilis 200/G (161.205)
- OPX mobilis 300 C (161.311)
- OPX mobilis 300 C/G (161.315)
- OPX mobilis 300 CL (161.321)
- OPX mobilis 300 CL/G (161.325)
- OPX mobilis 300 CE (161.331)
- OPX mobilis 300 CE/G (161.335)
- OPX mobilis 300 CLE (161.341)
- OPX mobilis 300 CLE/G (161.345)

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Introduction

About this operating manual

In this paragraph you will find information about the layout of this operating manual and explanations regarding the marks and symbols used.

This operating manual includes instructions for the use of the operating tables OPX mobilis, also called operating tables in the following.

Our products are constantly being improved, this is why constructional changes carried out after printing of this operating manual could not be taken into consideration. In case of any questions, we therefore kindly ask you to contact Schmitz u. Söhne.

This operating manual is to be read and observed by any person using or handling the operating tables OPX mobilis.

In addition to the operating manual and to the obligatory regulations for the prevention of accidents effective in the user's country and on the site of use, the acknowledged rules for safe and professional work are also to be observed.

Symbols used in the text

In this operating manual following designations or signs are used for pieces of information of special importance

Danger!
This symbol will appear wherever safety instructions are designed to protect people from physical harm. The symbol stands for imminent danger of death or serious injury.

Caution!
This symbol will appear where situations are described, which might be dangerous, and which might inflict slight injuries.

Attention!
This symbol will appear in front of such hints which shall prevent the table or other equipment from being damaged.

This symbol will appear in front of additional helpful pieces of advice.

- A dot in front of the text means:
  This is what you have got to do.

– A dash in front of the text means:
  This is part of a listing.

Safety instructions

The operating table OPX mobilis has been constructed according to the latest state of engineering and according to the acknowledged rules of safety engineering. Nevertheless, its use may inflict danger to life or physical safety of the user or of third parties, or impairment to the operating table or to other material assets.

Do not use the operating table unless in perfect condition and only for its intended use, with regard to safety and possible dangers, and observing the operating manual! Any malfunction which may affect the safety has to be eliminated immediately!

Electrically conductive double castors, electrically conductive pads and a potential equalization socket are standard features of the operating table OPX mobilis. It may be used inside rooms where the electrical installation conforms to German VDE (i. e. the Association of German Electrical Engineers) 0100-710 standard or to an equivalent national standard. If the operating table OPX mobilis is equipped with non-electrically conductive (coloured) pads, it must not be used in the presence of flammable anaesthetic mixtures.

Always keep this operating manual at hand at the site of use of the operating table!

Additionally to the operating manual, observe the general rules implied by the law and otherwise obligatory for accident prevention and environmental protection!

Do not carry out any modifications, extensions or reconstructions of the operating table unless approved by the manufacturer.

Spare parts have to meet the requirements stipulated by the manufacturer. This is always guaranteed when using original spare parts.

Observe the intervals prescribed or stated in this operating manual for periodical check-ups!

Take care that running and process materials as well as parts replaced are disposed of safely and with minimum environmental impact!

Intended use

According to German VDE 0100-710 standard, the operating table OPX mobilis may be used inside rooms of the application groups 0, 1 or 2. It is exclusively designed for purposes of human medicine. The operating table serves to position patients during an examination or during surgical interventions. The nursing staff has to take care to position the patients in such a way as to prevent any danger to their respiration, to their nervous system or to their circulation. This is especially important when patients are under anaesthetics. Any use apart or beyond these purposes is not intended. The manufacturer is not liable for any damage resulting of such non-intended use, which would be entirely at the user's risk.

The operating table may only be handled by persons who have been briefed in its professional handling and who have familiarized themselves with the product by means of this operating manual.

Intended use also means following the operating manual and observing the conditions for inspection and maintenance.

Summary of safety instructions

Danger!
Operating tables with an "E" in their type designation are equipped with rechargeable batteries. Do not charge the batteries during a surgical intervention inside the operating theatre.

Danger!
Patients run the risk of falling off the operating table unless they are secured on the table-top. Patients lying on the operating table have to be secured to the table-top according to professional standards.

Danger!
Patients run the risk of getting hurt when the operating table is moved while he or she is lying on top in knee-elbow-position. Do not move the table with the patient in knee-elbow-position.

Danger!
Patients run the risk of getting hurt if the operating table is moved with an attached extension device, due to its diminished stability against tilting. Do not move the operating table with an attached extension device when a patient is lying on top.

Danger!
If an extension device is attached to the operating table, its stability against tilting will be diminished. Always use the props of the extension device during an operation.

Danger!
If patients are not positioned correctly, there may be danger to their respiration, to their nerve cords or to their circulation. Always position patients in such a way as to prevent any possible danger to their respiration, to their nerve cords or to their circulation.

Danger!
In case the components of the table-top hit against an obstacle during adjustment, the operating table may tilt. Remove possible obstacles before adjusting the operating table or its individual components. When folding the leg plate down, make sure it cannot hit the floor.

Danger!
If its castors are released, the operating table may move unintentionally during patient transfer. Always secure the operating table by means of the central brake before transferring the patient.

Danger!
Patients run the risk of getting hurt by unforeseen movements of the table accessories. When attaching accessories, make sure that they are properly fixed. Do not use worn or damaged accessories.

Danger!
Patients run the risk of getting hurt by unforeseen movements of the operating table. Always secure the patient to the table-top according to the recommended practices of patient positioning.

Danger!
When HF surgical equipment or defibrillators are being used, there is danger of the patient's suffering burns if he or she touches the metal parts of the operating table or of its accessories, or if he or she is lying on soaked sheets or cloths covering the electrically conductive pads of the table-top. Always observe the manufacturer's instructions for use.

Danger!
Patients run the risk of getting hurt if the longitudinal shift function is released with the table positioned in Trendelenburg or Reverse Trendelenburg angle of more than 5°. Reduce the inclination angle of the table-top before activating the longitudinal shift function.

Danger!
If the operating table OPX mobilis is used in the presence of flammable anaesthetic mixtures, the floor must be electrically conductive.

Caution!
The operating table is only stable on a level floor. Choose a horizontal and safe site of installation for the operating table.

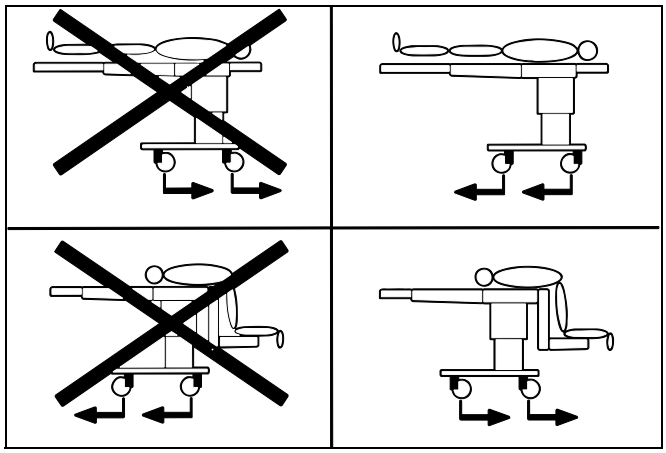
Caution!
In case the table-top is adjusted into extreme positions, there is danger of jamming one's finger in certain points. Do not grab below the operating table or behind the frames of the table-top elements.

Caution!
In order to ensure a gentle patient positioning when using the add-on kidney bridge, use an additional pad on top of the break. (This pad comes together with the add-on kidney bridge.)

Caution!
If the operating table is positioned on a moist or freshly cleaned floor, please keep in mind that the frictional forces will be diminished. The operating table may therefore be moved by external force even if the double castors are blocked. Make sure before starting an intervention that the operating table is in a sufficiently stable position.

Danger!
For tables with longitudinal shift feature, the position of the table-top will bear influence on the stability of the operating table. Always shift the table-top into such a position, within the limits of the specific application, as to improve the stability of the table.

If there is an extension device attached to the table or if the patient is positioned in knee-elbow position, the stability of the table will be diminished. Improve the stability of the table by moving the table into such a position as to make the double castors at the foot end of the table point to the foot end.

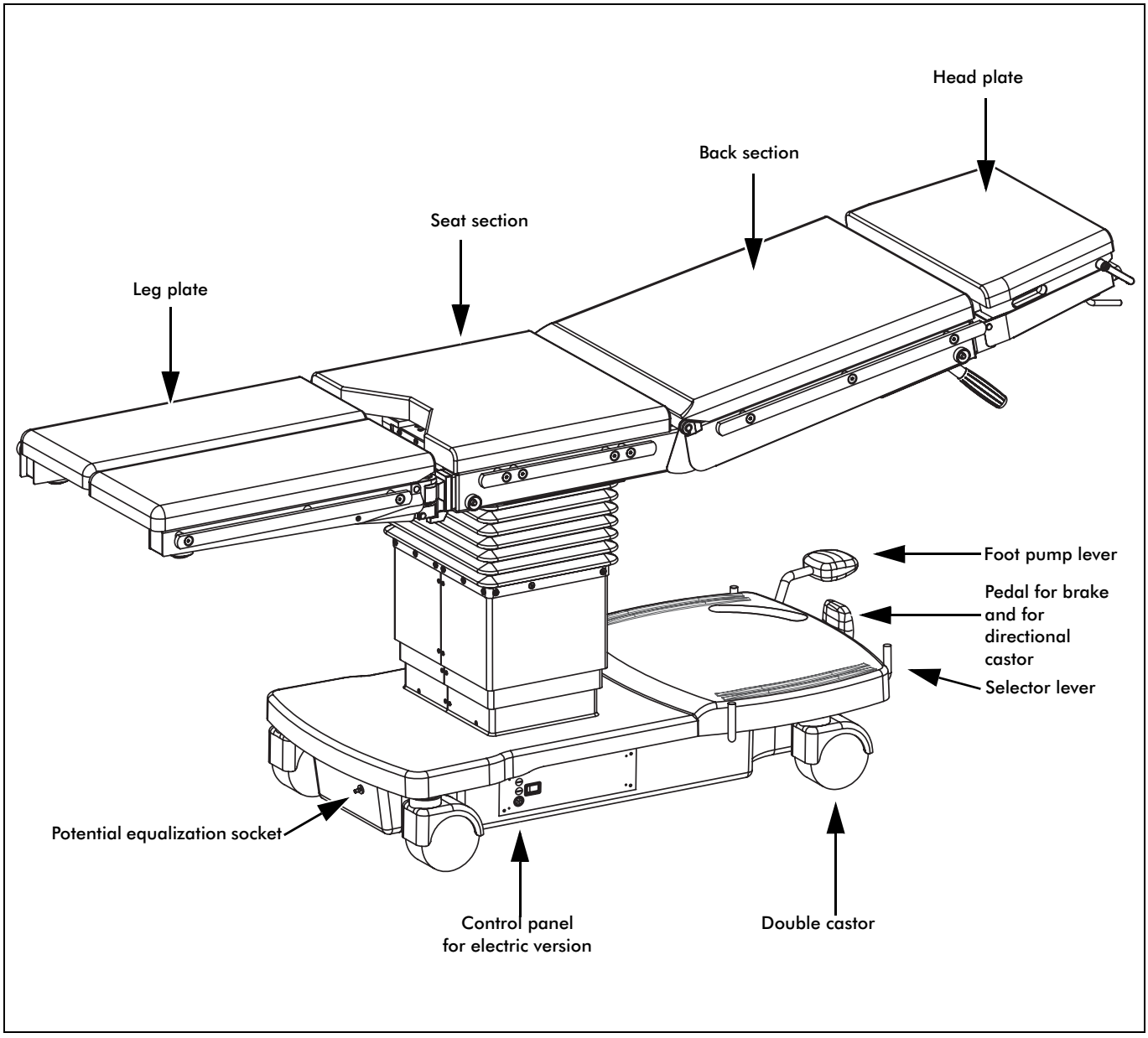


An unfavourable position of the double castors may diminish the stability of the table. It may help to move the operating table in such a way as to raise the stability. Please see the examples given in the illustration.

A patient weight of max. 135 kg allows all surgical interventions to be carried out in either orientation of the patient (patient's head lying at head or foot end of the table), provided the castors of the operating table are blocked.

In the case of normal patient orientation and table-top in mid-position (for operating tables with longitudinal shift function) the operating table may be charged with a patient weight of max. 185 kg. Upon patient transfer, or when letting the patient mount the operating table, make sure that the table-top is loaded mainly above the table column. Familiarize yourself with the reactions of the operating table under this kind of charge before starting a surgical intervention.

Description of the operating table



In the following operating manual the terms left, right, front, and rear are used as seen by a person sitting on the operating table in normal position.

Description of the operating table

The operating tables OPX mobilis can be equipped differently, depending on the model.

All operating tables are mobile. They are equipped with four electrically conductive swivel-type double castors with central brake. The operating table models with a "C" in their type designation have got an additional directional castor.

All operating tables are equipped with mechanically operated hydraulic pumps. The operating table of the 200 model series have got two hydraulic adjustment functions: Height adjustment Raise/Lower and Trendelenburg/Reverse Trendelenburg. The tables of the 300 model series have got an additional lateral adjustment function.

Operating tables with an "E" in their type designation are equipped with an additional electrically-driven hydraulic pump. In this case the operating table is equipped with a hand-held remote control unit as well, and with rechargeable batteries installed inside the floor pan.

Operating tables with an "L" in their type designation are equipped with a table-top with longitudinal shift function. By means of this feature, such parts of the patient's body can be screened which under normal circumstances are inaccessible to the C-arm equipment.

Operating tables with a "G" in their type designation are equipped with an integrated kidney bridge. The integrated kidney bridge is adjusted hydraulically by means of the foot pump.

All operating tables can be equipped with X-ray cassettes, which can be inserted below the table-top either from the head end or from the foot end.

All operating tables can be adapted optimally to various applications by means of accessories.

According to the regulations of European Standard 60601-2-46, the operating tables are designed to carry a maximum patient weight of 135kg. In case a higher charge is intended, please observe the instructions given below.

A patient weight of max. 135 kg allows all surgical interventions to be carried out in either orientation of the patient (patient's head lying at head or foot end of the table), provided the castors of the operating table are blocked.

In the case of normal patient orientation and table-top in mid-position (for operating tables with longitudinal shift function) the operating table may be charged with a patient weight of max. 185 kg. Upon patient transfer, or when letting the patient mount the operating table, make sure that the table-top is loaded mainly above the table column. Familiarize yourself with the reactions of the operating table under this kind of charge before starting a surgical intervention.

Pads

The operating tables are normally equipped with black antistatic pads. Coloured pads, which, however, are not electrically conductive, are available upon special request. The antistatic black version fulfils the limits of resistance according to ISO 2882. Coloured pads are not electrically conductive, which means that in this case the operating table is not explosion-proof.

Safety devices

All operating tables are equipped with electrically conductive swivel-type double castors, with (normally) electrically conductive pads, and with a potential equalization socket.

Commissioning

Keeping

Inside its original packing the operating table may be exposed for a period of 15 weeks to environmental conditions within the limits of:

Ambient temperature	-5°C to +50°C
Relative atmospheric humidity	10% to 95%
Atmospheric pressure	500 hPa to 1,060 hPa

Transportation

Upon leaving the factory, the operating tables are positioned fit for transportation. In case of further transportation at a later date, we recommend to adjust the operating table into the same positions.

- In order to transport the operating table, adjust seat and back section into horizontal position.
- Remove head and leg plates, and detach other accessories.
- Adjust the table-top into minimum height.

Unpacking

Carry the operating table, if possible, in its original packing to its final site of use. Check the operating table's condition.

Any possible damage occurred during transportation should be reported immediately to Schmitz u. Söhne. You will find their address and telephone no. on the last page of this operating manual.

Electrical connection

The operating table can be equipped with an electrically driven hydraulic pump. In that case it is also equipped with a hand-held remote control unit activating the electro-hydraulic pump. The hydraulic pump draws its energy from the integrated batteries.

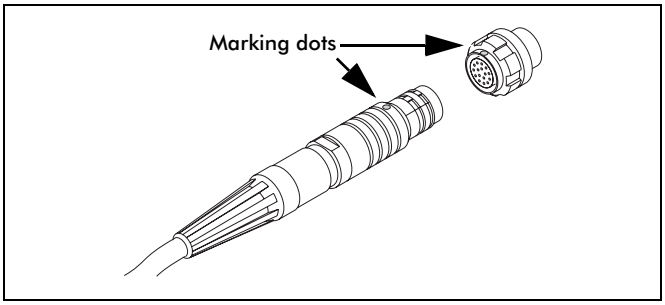
If the main switch is switched on, the battery state is indicated by means of the LEDs at the hand-held remote control unit.

Hand-held remote control unit

Operating tables with an "E" in their type designation are equipped with an electro-hydraulic pump and a hand-held remote control unit.

The hand-held remote control is connected to the operating table OPX mobilis by means of a plug-type connector. You will find the connector socket for the hand-held remote control unit at the top of the height adjustment column.

The connector plug and socket are marked by dots. The plug will lock inside the socket when the relative dots are brought into alignment.



- In order to connect the hand-held remote control unit to the table, insert the plug into the socket, with the marking dots in alignment, and plug the plug into the socket until it locks.
- In order to disengage the hand-held control unit, draw the front part of the plug back. Then pull the plug out of the socket.

Operating tables with an "E" in their type designation are equipped with rechargeable batteries.

Batteries

The batteries have to be recharged as soon as the yellow LED on the remote control unit is on. You will find details how to charge the batteries under "Charging the batteries" on page 18.

The electric drive of the hydraulic pump can be activated additionally by means of the main switch. You will find the main switch on the control panel at the left hand side of the floor pan.

The table-top of the operating table can always be adjusted mechanically, without electric drive, by means of the foot pump.

- The electrically driven hydraulic pump of the operating tables with an "E" in their type designation has to be activated by means of the main switch.

Operation

Mobility

Depending on the model, the operating tables OPX mobilis can equipped in different ways.

All operating tables are mobile. Depending on the model, they are either equipped with

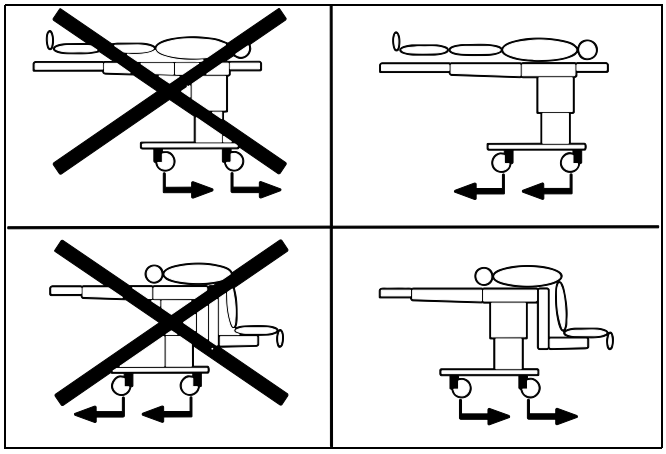
- four double castors with central brake
- four double castors with central brake and an additional directional castor.

Moving and locking the operating table

Danger!
Patients run the risk of falling off the operating table unless they are secured on the table-top. Secure the patient to the table-top according to professional standards.

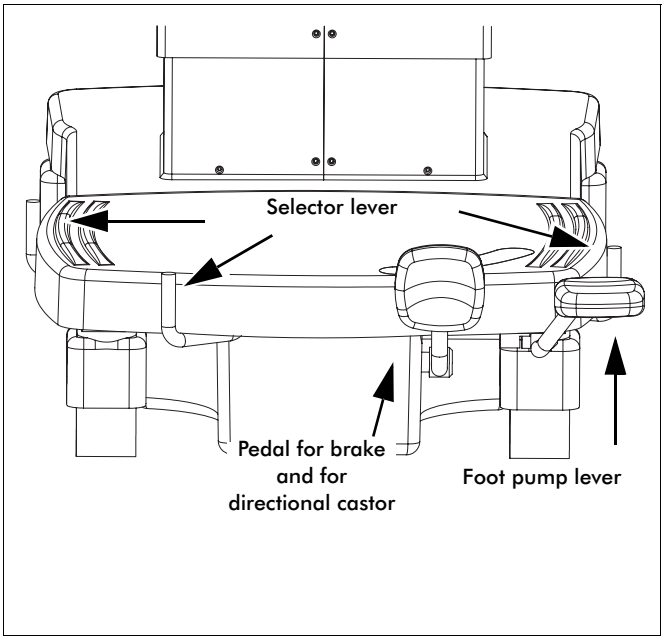
- Move the table into the desired position and then turn the castors outwards in order to improve the stability of the operating table.

The position of the castors will bear influence on the stability of the operating table.



Caution!
If the operating table is positioned on a moist or freshly cleaned floor, please keep in mind that the frictional forces will be diminished. The operating table may therefore be moved by external force even if the double castors are blocked. Make sure before starting an intervention that the operating table is in a sufficiently stable position.

The operating tables, except the standard model, are equipped with an additional directional castor. The directional castor can be activated by means of a foot pedal for the brake and for the directional castor.



The pedal for the brake and for the directional castor can have three different positions.

– If the pedal is raised, the operating table will move in straight run. An additional directional castor positioned below the height adjustment column is now touching the ground.
– If the pedal is in mid position, the operating table can easily be moved in any direction. The directional castor is retracted.
– If the pedal is pressed down, the operating table is secured against unintentional movement.

Danger!
Patients run the risk of getting hurt when the operating table is moved while they are lying on top in knee-elbow-position. Do not move the table with a patient lying on top in knee-elbow-position.

Danger!
Patients run the risk of getting hurt if the operating table is moved with an attached extension device, due to its diminished stability against tilting. Do not move the operating table with an attached extension device when a patient is lying on top.

- In order to move the operating table in straight run, raise the pedal completely.
- In order to move the operating table easily in any desired direction, raise the pedal into mid-position.
- Move the operating table into the desired location.
- Secure the operating table afterwards by pressing the pedal completely down.

Potential equalization socket

The operating table is equipped with a potential equalization socket. You will find the potential equalization socket at the front side of the floor pan.

Danger!
Patients may be exposed to danger by electrostatic tensions. By means of the potential equalization socket electrostatic tensions are conducted to earth. Always connect the potential equalization socket of the operating table to earth before use.

- Before putting the operating table into operation, connect the potential equalization socket to the earth connection.

Battery

If the operating table is equipped with an electro-hydraulic pump, this pump draws its energy from batteries installed inside the floor pan. The batteries have to be recharged regularly in order to avoid an exhaustive discharge.

Danger!
Plugging the plug of the charging cable in or out may produce sparks. In order to avoid danger of explosion, the batteries must not be charged inside the operating theatre during surgical interventions.

Charging the batteries

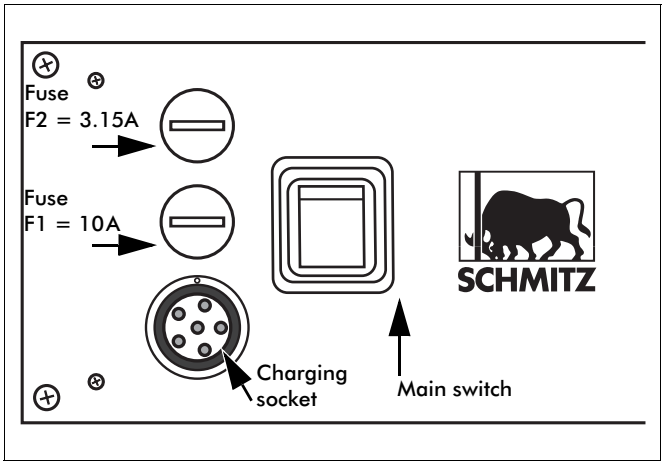
The batteries should be recharged regularly, e. g. overnight. The batteries cannot be overcharged if you use the battery charger which comes with the table.

Attention!
If the batteries of the operating table are charged by means of a battery charger other than the one supplied with the table, the batteries may get damaged. Always use the original battery charger for charging the batteries.

The hand-held remote control unit is equipped with LEDs. The green LED is on when the batteries are fully charged.

The yellow LED will be on as soon as the batteries have to be recharged. When the red LED is on, the electro-hydraulic pump can no longer be activated before the batteries have been recharged.

- If the red LED is on, switch the main switch at the control panel off, use the foot pump in order to adjust the table-top until the operation is finished, and recharge the batteries afterwards.



The fuses for the electro-hydraulic pump (F1 = 10 A, time lag type, 5 x 20 mm) and for the charging current (F2 = 3.15 A, time lag type, 5 x 20 mm) are also inserted into the control panel.

Battery charger

The battery charger is fit for a voltage input of between 90V to 264V. It can be equipped with the feed cable corresponding to the requirements on site.

- In order to charge the batteries, move the operating table out of the operating area.

The batteries cannot be charged as long as the main switch is on.

The charging current is up to 2A. Make sure that the correct fine-wire fuse (3.15A, slow-blow type) has been installed inside the fuse holder F2 for charging current. This is especially important for the more ancient models of the OPX mobilis range.

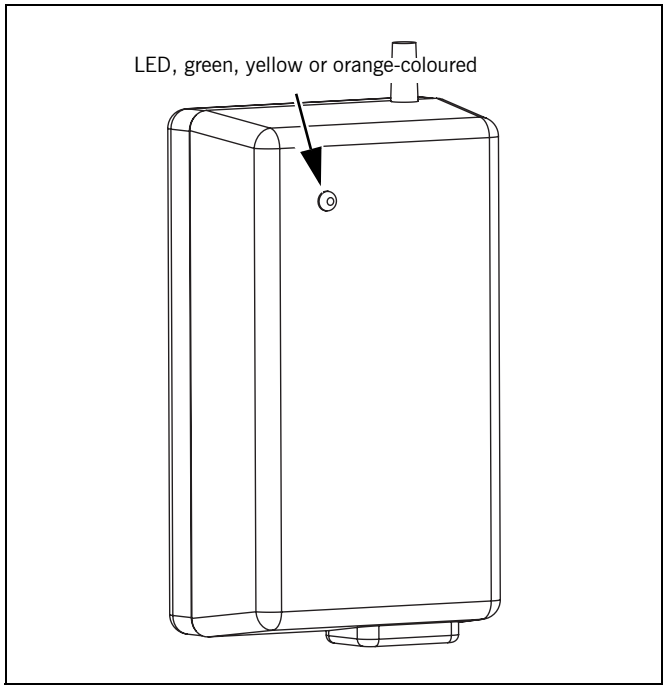
- Switch the main switch at the control panel off.

The charging cable of the battery charger is connected to the operating table by means of a plug contact. You will find the socket for the battery charger at the control panel at the left hand side of the floor pan.

The plug and the charging socket are marked by dots. The plug will lock inside the charging socket if it is plugged into the charging socket with the dots in alignment.

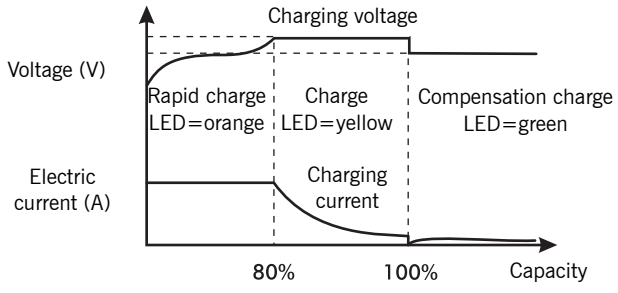
The control panel is equipped with a covering sheet, which is designed to protect the control electronics against electrostatic discharge current. Fold this covering sheet up in order to get access to the control panel.

- Plug the plug of the battery charger into the charging socket so that the marking dots are in alignment and press the plug in until it locks inside the charging socket.
- Connect the battery charger to the mains power supply.



The operating modes of the battery charger are indicated by means of a 3-coloured LED.

Charging diagram



If the batteries are drained, it will take approx. 8 to 10 hours to recharge them. The batteries are charged as soon as the LED is green. The battery charger can then be disconnected.

- In order to detach the charging cable, pull the front part of the plug back and pull the plug out of the socket.

Now the table-top can again be adjusted with the aid of the electro-hydraulic pump.

With fully charged, practically new batteries, the table can carry out all its functions approx. 60 times when charged by a patient weight.

Adjusting the table-top

All operating tables are equipped with a foot pump for adjusting the table-top hydraulically.

Danger!
If patients are not positioned correctly, there may be danger to their respiration, to their nerve cords or to their circulation. Always position patients in such a way as to prevent any possible danger to their respiration, to their nerve cords or to their circulation.

Danger!
In case components of the table-top hit against an obstacle during adjustment, the operating table may tilt. Remove possible obstacles before adjusting the operating table or its individual components. When folding the leg plate down, make sure it does not hit the floor.

The following table shows the functions which can be carried out by means of the hydraulic pump.

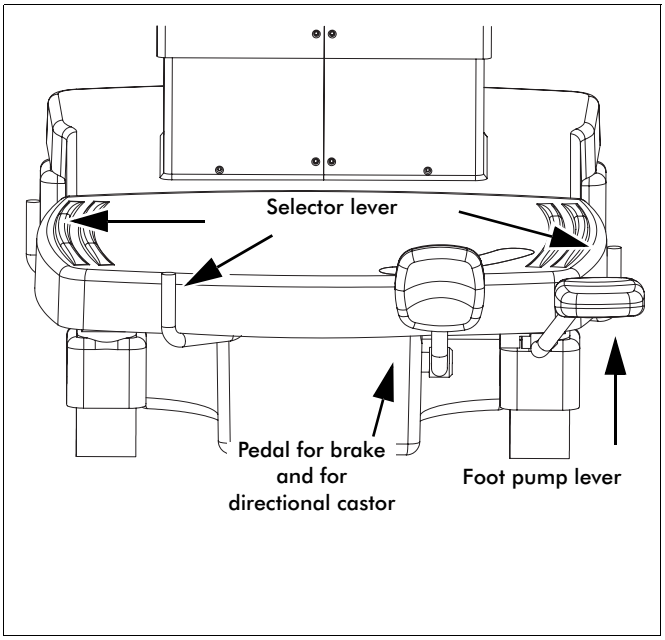
	Raising the table-top
	Adjusting Reverse Trendelenburg position
	Lateral tilt left
	Lateral tilt right
	Adjusting Trendelenburg position
	Lowering the table-top

The functions are preselected by means of the selector lever.

Adjusting the table-top by means of the foot pump

The functions of the hydraulic pump are preselected by means of the selector lever, and the position of the table-top is adjusted by means of the hydraulic pump.

The operating table models with electrically operated hydraulic pump are equipped with a selector lever each at the rear, at the left and at the right hand side. This way the operating table can be operated from the rear as well as from the left or right hand side.



- In order to adjust the table-top, make the selector lever point to the symbol for the desired function.
- Press the foot pump repeatedly until the table-top is adjusted into the desired position.

In order to **lower** the table-top, other than for the other functions, there is no need to pump the foot pedal. It is sufficient to move the selector lever into “Lowering table-top” position and press the foot pump lever only slightly. The table-top will sink automatically through its own weight.

Adjusting the table-top by means of the electro-hydraulic pump

Operating tables with an “E” in their type designation are equipped with an electro-hydraulic pump and a hand-held remote control unit. The electro-hydraulic pump can be activated by means of the hand-held remote control.

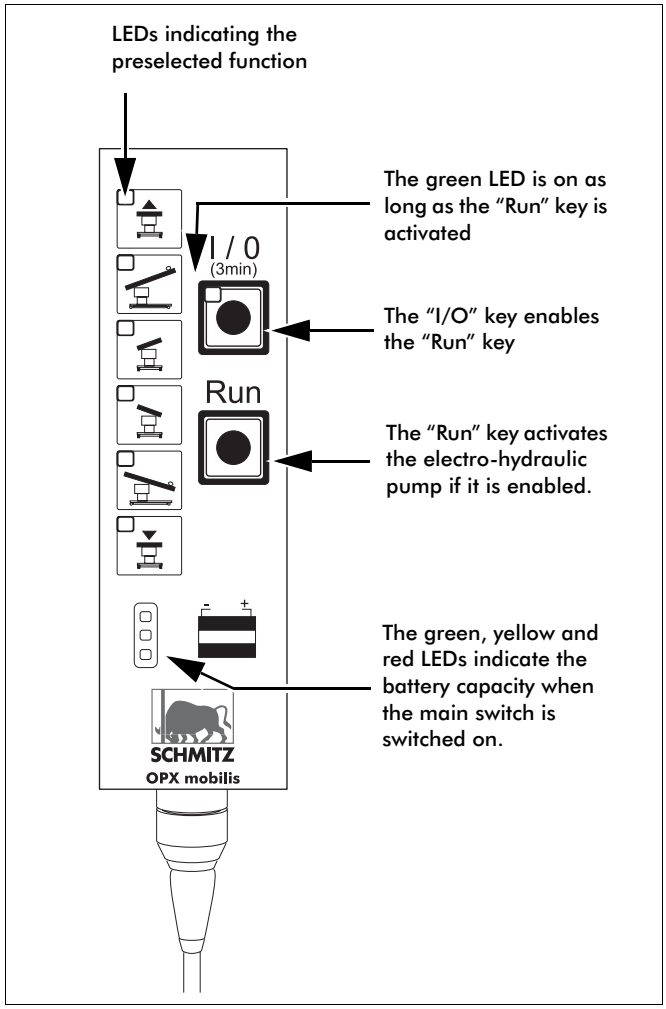
Three LEDs at the hand-held remote control unit indicate the battery capacity. You will find details about how to charge the batteries under “Charging the batteries” on page 18.

When the batteries are charged, the functions of the operating table can be carried out by means of the electro-hydraulic pump and activated by means of the hand-held remote control.

The different functions are shown by means of symbols on the hand-held remote control unit. The function preselected by means of the selector lever is indicated by means of the LED in the relative symbol. You can switch the functions of the hydraulic pump by means of the selector lever and read the preselected function at the hand-held remote control unit.

When the main switch is switched on, the LEDs at the hand-held remote control indicate the battery capacity. Now the “Run” key can be enabled for three minutes by pressing the “I/O” key. As long as the “Run” key is enabled, the green LED in the “I/O” key is illuminated.

For a period of three minutes the electro-hydraulic pump can now be activated by pressing the “Run” key. As long as the “Run” key is pressed the electro-hydraulic pump will work and carry out the function preselected by means of the selector lever. After three minutes the “Run” key will be deactivated in order to prevent the electro-hydraulic pump from accidentally being activated.



Electromagnetic interference or other influences between the operating table and other electrical appliances may cause failures or malfunctions.

Danger!
If the operating table OPX mobilis carries out unintentional adjustment functions (e. g. due to an electric short circuit), the "I/O" key will serve as a panic button. Switch the main switch at the control panel off as well. Afterwards, readjust the table using the foot pump and call the technical service.

- In order to adjust the operating table, switch the main switch at the control panel "ON".

The three lower LEDs now indicate the battery capacity. When the battery capacity becomes insufficient, the electro-hydraulic pump can no longer be used. However, you can still adjust the operating table by means of the foot pump and recharge the batteries afterwards. You will find details under "Charging the batteries" on page 18.

- Make the selector lever point towards the desired function.

The LED in the corresponding symbol on the hand-held remote control unit is on.

- Press the "I/O" key. This key enables the "Run" key for a period of three minutes. During this three minutes' period several different adjustment functions can be carried out successively.
- Press the "Run" key until the desired position is achieved.
- When the operating table is adjusted to the desired position, press the "I/O" key in order to deactivate the "Run" key.

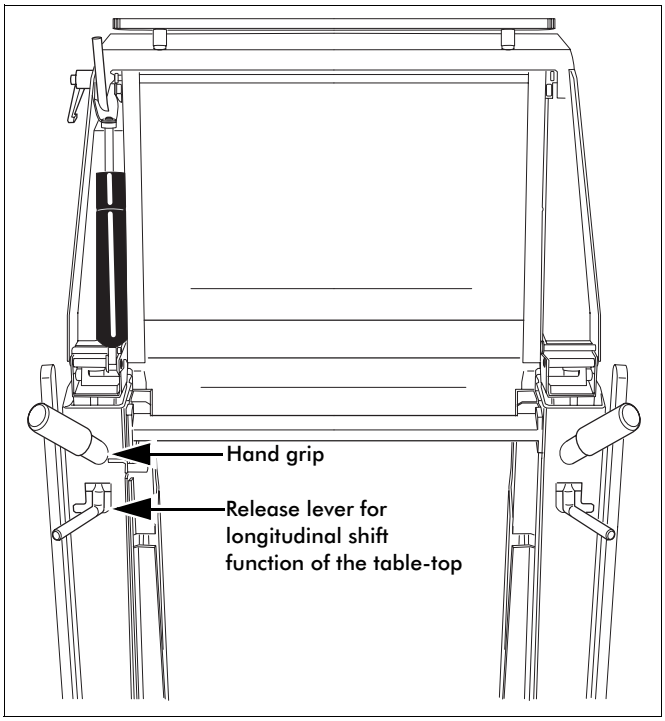
The "Run" key is deactivated automatically after a three minutes' period in order to prevent an accidental activating of the electro-hydraulic pump. Press the "I/O" key again before readjusting the operating table.

Longitudinal shift function of the table-top

Depending on the model, the operating table can be equipped with a table-top with longitudinally shift function. By means of this feature, patients can be screened with C-arm equipment without the need to move them into a different position.

Shifting the table-top in longitudinal direction

Danger!
For tables with longitudinal shift feature, the position of the table-top will bear influence on the stability of the operating table. Always shift the table-top into such a position, within the limits of the specific application, as to improve the stability of the table.



- In order to adjust the longitudinal position of the table-top, press the release lever on the left hand side at the bottom of the back section to the inside out of its engage position, and press the release lever and the hand grip together.
- Shift the table-top into the desired position, let go of the release lever, and shift a little further until the table-top clicks audibly into position.

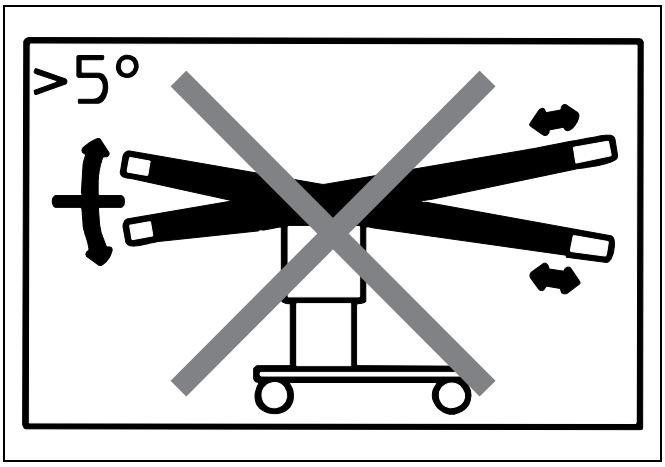
Danger!
The patient lying on the operating table can get hurt by a sudden and unexpected moving of the table-top which has not properly engaged into position. Make sure after each adjustment procedure that the table-top has properly engaged.

- Check if the table-top has properly engaged by slightly pushing the table-top in longitudinal direction. The table-top must not move.

The table-top charged with the patient's weight can be shifted in longitudinal direction more easily if the table-top is slightly inclined.

Danger!
Patients run the risk of getting hurt if the longitudinal shift function is activated with the table-top in Trendelenburg or Reverse Trendelenburg position of an angle of more than 5°, Reduce the inclination angle of the table-top before activating the longitudinal shift function.

In this connection, please also observe the relative caution label above the release lever for the longitudinal shift function.

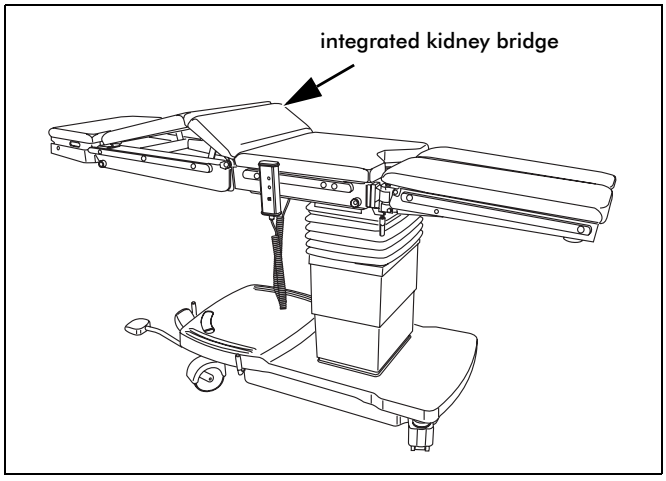


Before using the operating table, please make yourself familiar with its reactions when charged with a patient's weight.

Integrated kidney bridge

Depending on the model the operating table can be equipped with an integrated kidney bridge. The integrated kidney bridge is adjusted in height hydraulically by means of the foot pump of the table.

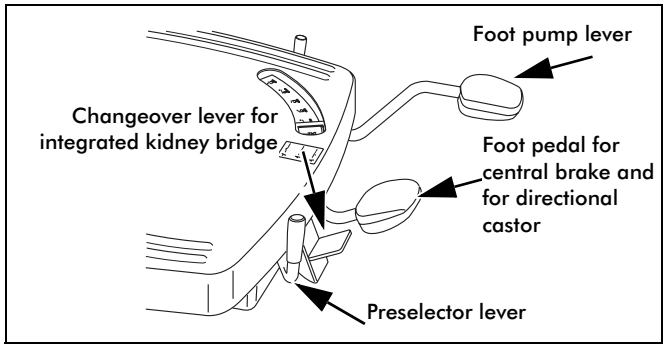
The kidney bridge provides the back section of the table top with an additional bulge. The kidney bridge is designed in such a way as to allow the positioning of heavy-weight patients. If the kidney bridge is overloaded a pressure relief valve limiting the possible load responds when the kidney bridge is raised by means of the foot pump.



Caution!
If the kidney bridge is raised to an extreme height, this position will be uncomfortable for the patient. In order to assure a gentle patient positioning, do not raise the kidney bridge more than necessary, and in case of an extreme raising of the kidney bridge, use additional pads in order to position the patient in a gentle way.

Raising the kidney bridge

The kidney bridge is raised by means of the foot pump of the operating table. The switch lever serves to switch the hydraulic system into “activate kidney bridge” mode and back to “normal” operation of the table top adjustment functions.



- Raise the switch lever into top position by the tip of your foot. The kidney bridge can now be adjusted in height by means of the hydraulic foot pump of the table.
- Raise the kidney bridge up to the desired height using the foot pump.
- Make the switch lever return into mid-position. In order to do so, you can also shortly press the lever fully down. It will then automatically return into mid-position when released.

Lowering the kidney bridge

The kidney bridge can be lowered in height anytime without having to use the foot pump.

Caution!
Before lowering the kidney bridge, make sure that there are no body members or objects in the area between the kidney bridge pad and the frame of the back section.

- Press the switch lever for the kidney bridge completely down against its spring force until the kidney bridge is lowered down to the desired position.
- Release the switch lever. The lever will return automatically into mid-position and activating the foot pump will again make the operating table carry out the adjustment movement preselected by means of the preselector lever.

Attention!
The kidney bridge may get damaged if it is slightly raised and at the same time charged with the full patient weight. Make sure that the kidney bridge is completely lowered before letting the patient mount onto the table top.

Attention!
The pads are exposed to extraordinary wear when the back section of the table is raised as long as the kidney bridge is raised. Do not raise the back section more than necessary as long as the kidney bridge is raised.

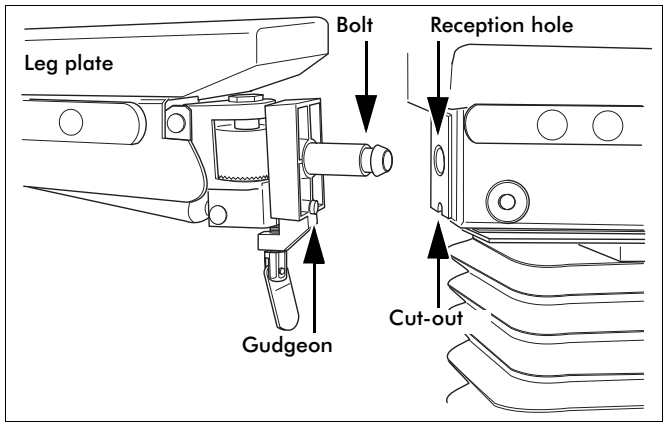
Leg plates

Head plate and leg plates are fixed in the same way, so that leg plates and head plate are interchangeable. This way the clearance below the table-top can be varied.

Caution!
Interchanging the head and leg sections will influence the stability of the operating table as well as its reactions to adjustments. In this connection, please observe the hints regarding positioning of the castors on page 15 and regarding the position of the longitudinally adjustable table-top on page 25.

Please familiarize yourself with the reactions of the operating table when being charged with the patient weight before using the operating table.

Fixing the leg plates

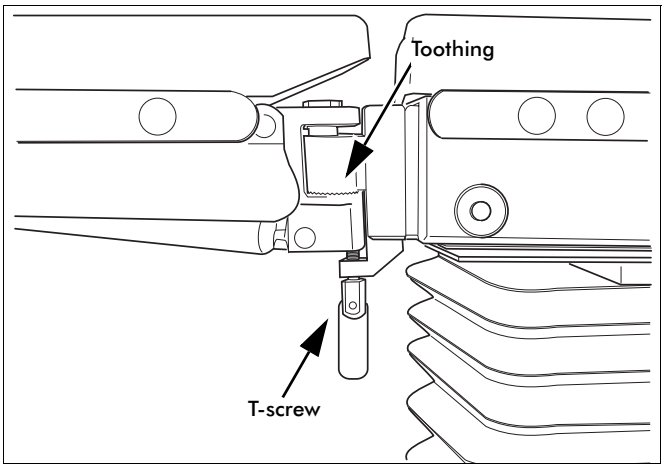


- In order to fix the leg plate, push its bolt into the reception hole in the seat section. The lower plug is inserted into the cut-out below the reception holes.
- Push the leg plate in until it clicks into position and make sure that the leg plate is properly engaged.

Detaching the leg plates

- In order to detach the leg plate, lift it slightly, thus relieving it.
- Press the release button and pull the leg plate off the seat section.

Swivelling the leg plates outwards



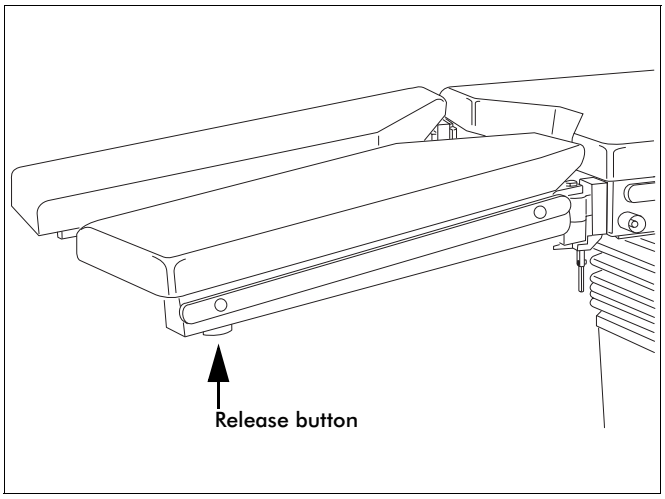
Caution!
Fingers or hands can get jammed if you grab the joint of the leg plate when carrying out the swivelling movement. Do not grab the joint when swivelling the leg plate.

- In order to swivel the leg plate outwards, loosen the T-screw.
- Swivel the leg plate into the desired position.

Danger!
The leg plate can come loose if the tooth system has not locked properly. An unintentional swivelling of the leg plates can only be prevented if the tooth system is properly engaged. Make sure the tooth system is interlocked when refastening the T-screw.

- Refasten the T-screw while slightly moving the leg plate in order to make the tooth system engage.

Adjusting the inclination of the leg plates



- In order to adjust the inclination of the leg plate, press the release button at the leg plate.
- Incline the leg plate, against the resistance of the gas spring, and let go of the release button when the desired position is achieved.

The leg plate is now fixed again.

Attention!
When the operating table is being lowered as long as the leg plate is folded down, the leg plate may hit the cladding of the mobile base and the cladding or the leg plate may get damaged. Before lowering the table top, make sure that there is sufficient clearance.

Head plate

Head plate and leg plates have got similar fixtures, so that leg plates and head plate are interchangeable. This way the clearance below the table-top can be varied.

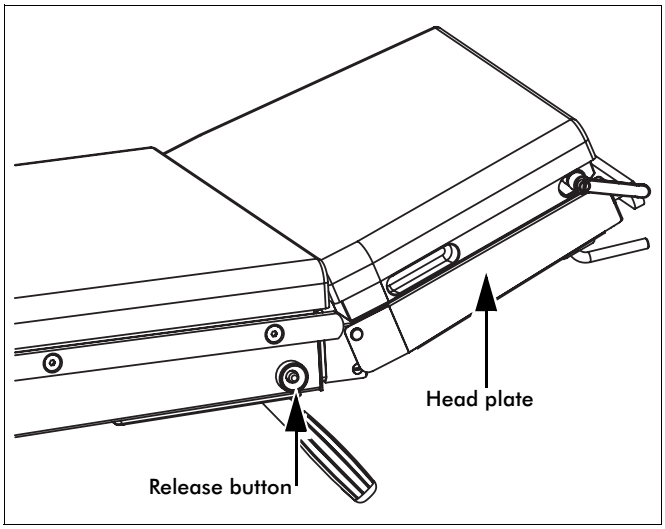
Caution!
Interchanging the head and leg sections will influence the stability of the operating table as well as its reactions to adjustments. In this connection, please observe the hints regarding positioning of the castors on page 15 and regarding the position of the longitudinally adjustable table-top on page 25.

Please familiarize yourself with the reactions of the operating table when being charged with the patient's weight before using the operating table.

Attaching the head plate

- In order to attach the head plate, push the latch bolts into the reception holes until the head plate clicks audibly into place.
- Check if the head plate has properly engaged.

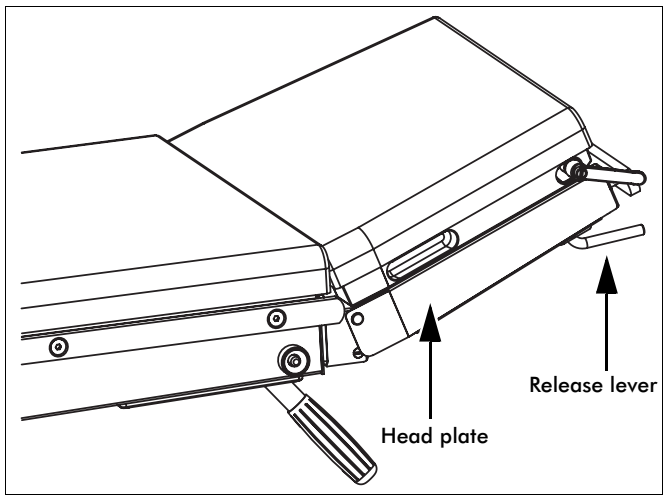
Detaching the head plate



The head plate can be detached more easily if you press against the head plate, thus relieve it, and only then press the release buttons.

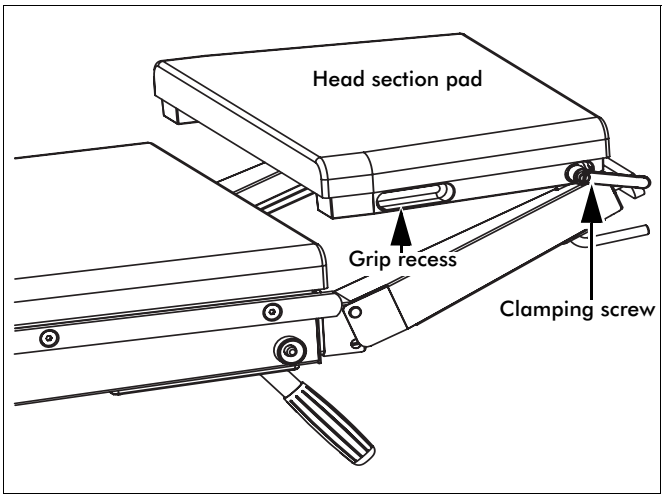
- In order to detach the head plate, press the head plate from the rear against the reception holes.
- Press the release buttons at the left and right hand frame of the back section, either simultaneously or one after another, and pull the head plate off the back section.

Adjusting the inclination of the head plate



- Raise the release lever.
- Adjust the inclination of the head plate against the resistance of the gas spring, and let go of the release lever as soon as the desired position has been achieved.

Adjusting the inclination of the head section pad



Attention!
If the loosened fixing screw is re-inserted the wrong way (on-edge), its thread can get damaged upon fastening. Therefore, loosen the fixing screw only as little as necessary.

- In order to adjust the inclination of the head section pad, loosen the fixing screw at the head plate.

Caution!
There is danger of jamming ones fingers under the head section pad! When loosening the fixing screw, grab into the cut-out in order to adjust the inclination angle of the head section pad.

- Adjust the head section pad into the required angle and re-fix the fixing screw.

Caution!
If the lever of the fixing screw points to the ceiling, the patient can get hurt. Always take care to make the lever point to the floor.

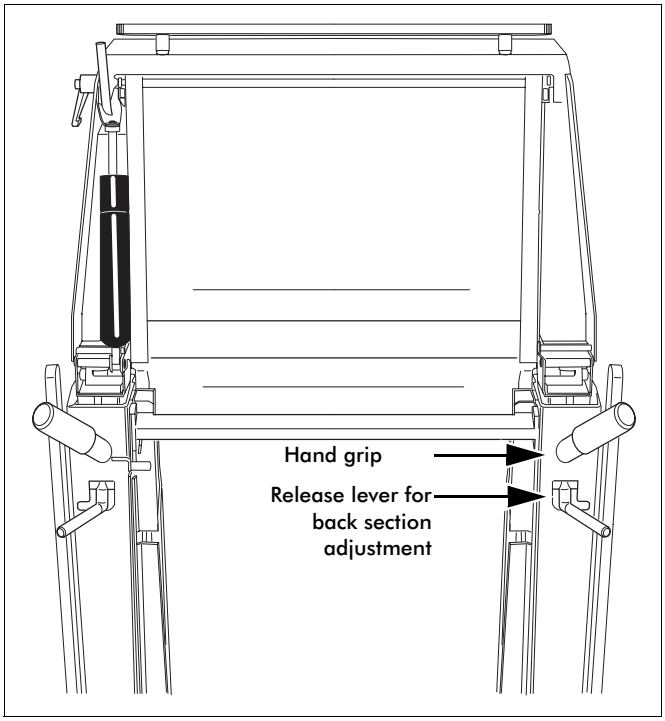
- In order to adjust the lever of the fixing screw, pull it away from the head plate so that the lever disengages, turn it into the direction desired and let it engage again.

Back section

Adjusting the inclination of the back section

Caution!
When the table-top is in an extreme position, there is danger of jamming one's fingers in certain spots. Do not grab below the table-top or behind the table-top frame.

The back section is secured in its position by means of a gas spring with release mechanism. After releasing, the back section can be adjusted either against or with the aid of the resistance of the gas spring.



Danger!
When releasing the gas spring at the back section, make sure to hold onto the back section, as the force of the gas spring may cause the back section to jerk up or down and thus hurt the patient.

- In order to adjust the angle of the back section, press the release lever at the right hand bottom side of the back section from the inside out of its position and press release the lever and the hand grip together. Make sure to hold onto the back section.
- Adjust the back section against the resistance of the gas spring or against the patient's weight and let go of the release lever as soon as the desired position is achieved.

The release lever will slide back into its original position and secure the position of the back section.

The reactions of the back section when being adjusted depend largely on the kind of charge exerted on the table-top (e. g. on the patient weight, accessories attached, or interchanged head and leg plates).

Please familiarize yourself with the reactions of the operating table when being charged with the patient's weight before using the operating table.

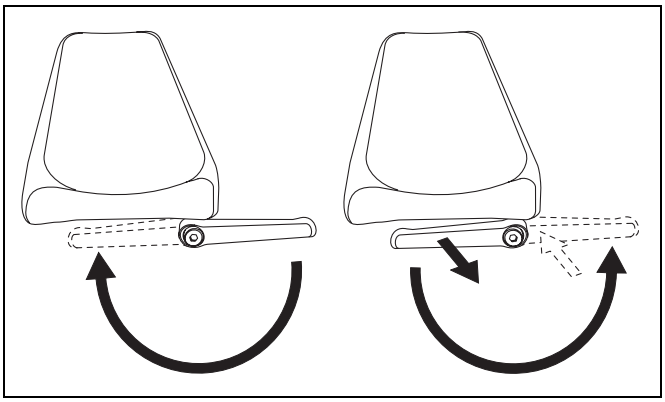
Attention!
If the operating table is being adjusted with the back section in folded-down position, the back section may hit the cladding of the mobile base and damage it. This can also happen when the automatic 0 function is activated. Always make sure that there is sufficient clearance below the table-top before carrying out the adjustment functions.

Arm rest 101.107

The operating tables can be equipped with arm rests.

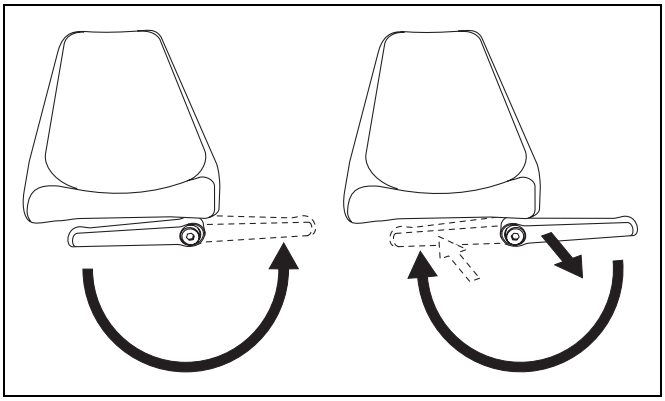
The arm rest is fixed on top of a ball-and-socket joint. The ball-and-socket joint is blocked or released by means of a clamping lever.

Blocking



- In order to block the ball-and-socket joint, turn the clamping lever clockwise.
- Then pull the clamping lever out against the spring force in order to unlock it. Turn it back anti-clockwise and let it engage again.
- Turn the clamping lever clockwise once more. Repeat the whole procedure until the arm rest is adjusted into the desired position.

Releasing



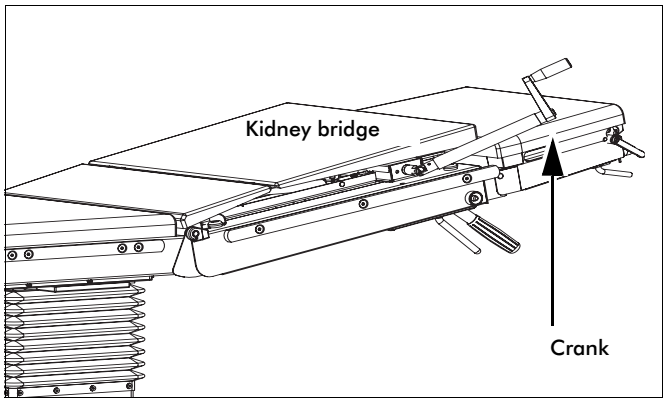
- In order to release the ball-and-socket joint, proceed in reverse order. Turn the clamping lever anti-clockwise. Pull the clamping lever off against the spring force, turn it back, let it re-engage and then turn it once more anti-clockwise.

Add-on kidney bridge

The operating tables without integrated kidney bridge can be equipped with an add-on kidney bridge.

The add-on kidney bridge is attached to the operating table instead of the back section.

Attaching the kidney bridge



- In order to attach the add-on kidney bridge, remove the back section pad.
- Insert the add-on kidney bridge into the frame of the back section. The locking pins in the frame will lock inside the cut-outs at the bottom of the add-on kidney bridge.

The add-on kidney bridge is now attached.

Caution!
In order to guarantee a gentle positioning of the patient when using the add-on kidney bridge, use an additional pad on top of the break. (This pad comes together with the kidney bridge.)

Adjusting the add-on kidney bridge

The add-on kidney bridge can be adjusted by means of a hand crank. The crank can be inserted on either side of the kidney bridge. Due to a joint in the crank handle, it can still be operated easily even if there are accessories attached to the side rails.

- In order to adjust the add-on kidney bridge, insert the crank into its square-end receptacle at the left or right hand side of the kidney bridge.
- Turn the crank until the desired position of the add-on kidney bridge is achieved, and remove the crank again.

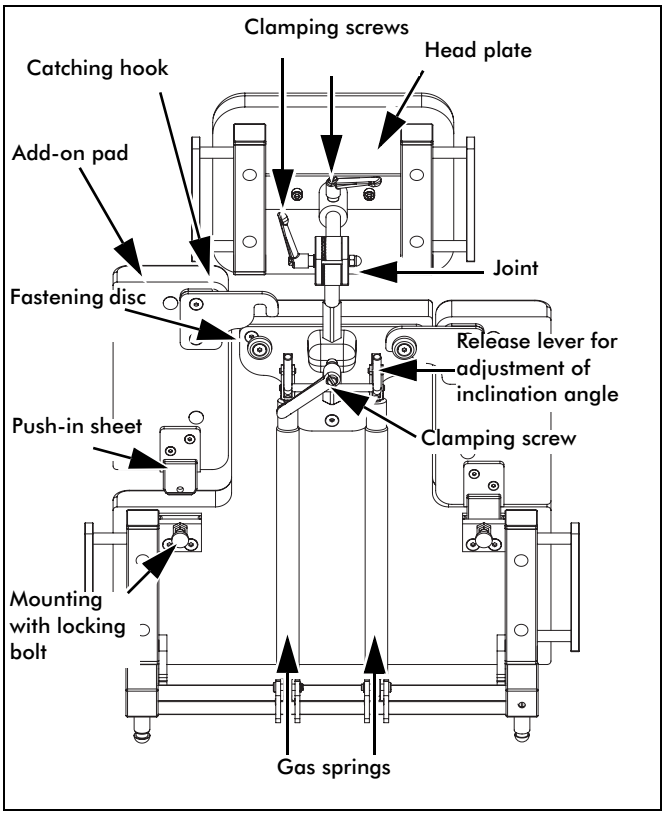
Shoulder arthroscopy support

The shoulder arthroscopy support is an accessory for the operating table series OPX mobilis. Its intended use, in combination with the operating table, is the optimal patient positioning for interventions in shoulder arthroscopy. In combination with the shaped head rest, patient positionings for interventions in ophthalmology, ENT or oral surgery are possible.

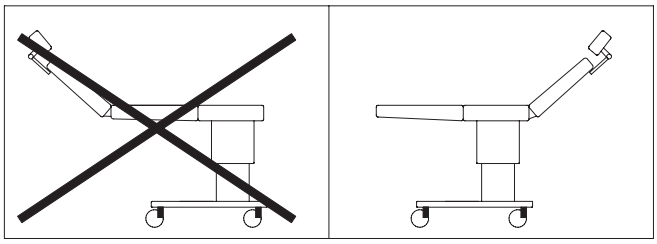
It is not intended to use the shoulder arthroscopy support for patient positionings in neurosurgery. For these purposes there are special accessories at your choice.

The shoulder arthroscopy support may only be fixed to the seat section of the OPX mobilis. It can be equipped with a shaped head rest or with a head plate of the Schmitz range by means of an appropriate connecting piece.

Attaching the shoulder arthroscopy support

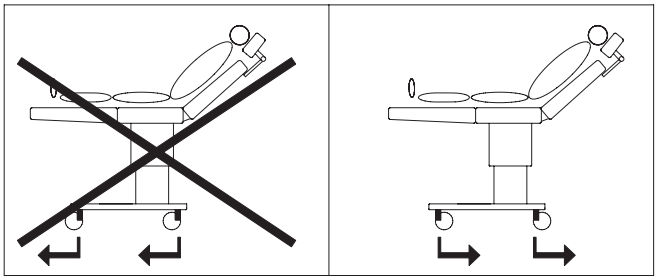


Danger!
Attaching the shoulder arthroscopy support to the back section will diminish the stability of the operating table. The shoulder arthroscopy support should only be attached to the seat section.



Danger!
The position of the table-top (for operating tables with longitudinal shift function) will bear influence on the stability of the operating table. If the relative application allows, the table-top should be adjusted in such a way as to raise the stability of the table. If the arthroscopy support is attached, the table-top should be shifted as far as possible into the direction of the back section.

Danger!
The attached arthroscopy support will diminish the stability of the operating table. Raise the stability by positioning the operating table in such a way as to make its double castors point into the direction of the centre of gravity.



- In order to attach the shoulder arthroscopy support, push the plug-in gudgeons into the reception holes at the seat section. Make sure afterwards that the plug-in gudgeons are properly locked.

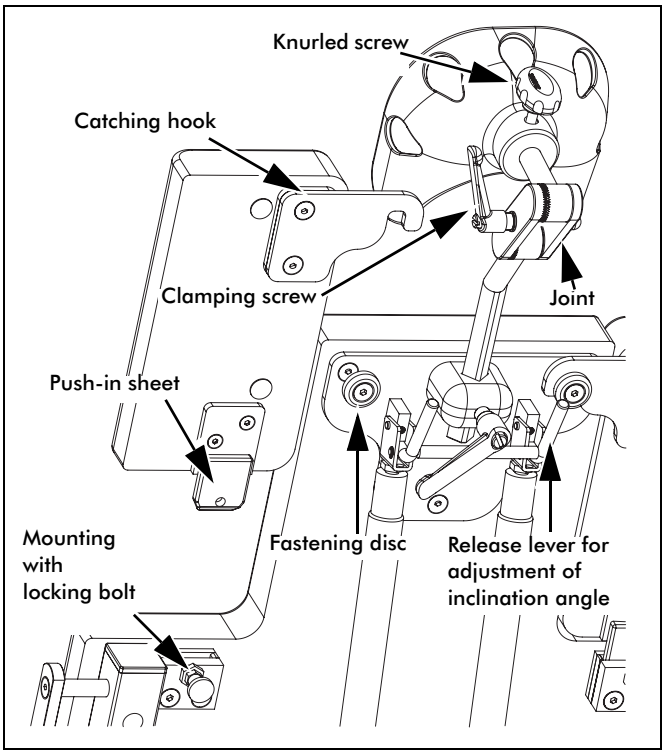
The plug-in gudgeons lock inside the reception holes.

- In order to detach the shoulder arthroscopy support, press the release buttons at both sides of the seat section and pull the plug-in gudgeons out of the reception holes.

Adjusting the inclination of the shoulder arthroscopy support

- In order to adjust the inclination angle of the shoulder arthroscopy support, push the release lever up so that the gas springs are released.
- Adjust the inclination angle of the shoulder arthroscopy support against the counter-pressure of the gas springs. As soon as the desired position is achieved, let go of the release lever.

Attaching and detaching the add-on pads



- In order to attach the add-on pads, push them from the rear into the recess so that the plug-in sheet locks inside the mounting and the catching hook rests behind the fastening disc.
- In order to detach the add-on pad, unlatch the plug-in sheet by extracting the snap-in bolt and then pull the add-on pad out to the rear.

Attaching and adjusting the head plate or the shaped head rest

The shoulder arthroscopy support is used in combination with a shaped head rest or a head plate. The shaped head rest or the head plate are fixed inside the mounting by means of a connecting piece.

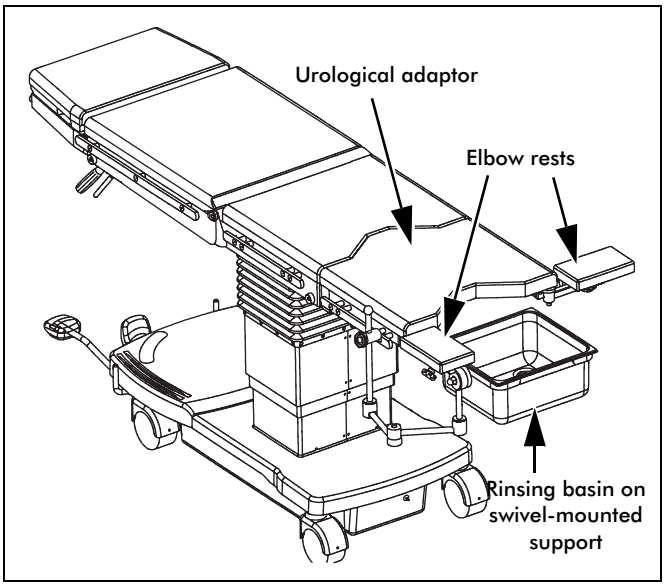
- In order to attach the head plate or the shaped head rest, insert the round rod of the connecting piece into the holder at the head plate or at the shaped head rest and tighten the clamping lever or the fastening screw.
- Insert the square rod into the holder at the shoulder arthroscopy support and tighten the clamping screw.

- In order to adjust the position of the head plate or of the shaped head rest, loosen the gear-toothed joint of the connecting piece. Adjust the position of the head rest and tighten the clamping lever again. Finally make sure that the joint is properly locked.

- Check the holders for the head plate or for the shaped head rest, the hinging points of the gas springs, the plug-in gudgeons and the fastening discs for the catching hooks regularly for possible damages.

Accessories for urology

In order to adapt the operating table for better use in the domain of urology it can be equipped with special accessories. These are in detail: an extension of the table top, designated as urological adaptor, and elbow rests which are fixed to the adaptor as well as a rinsing basin on swivel-mounted support which is fixed to the side rail.



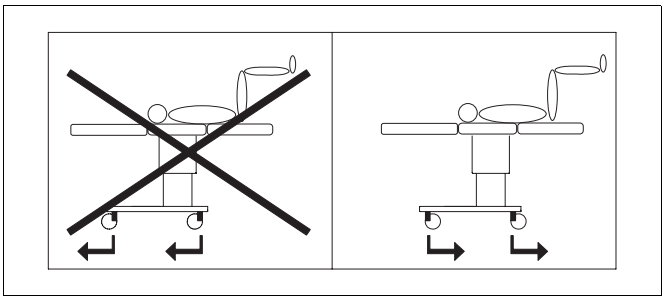
The extension of the table top is exclusively designed for attachment at the seat section. The extension of the table top may be charged with a weight of 100kg.

The rinsing basin on swivel-mounted support can also be attached to the side rail in any other position.

Attaching the urological adaptor

- In order to attach the urological adaptor, insert its plug-in gudgeons into the into the reception holes at the seat section. Make sure afterwards that the plug-in gudgeons are properly locked.

Danger!
If a urological adaptor is attached, the stability of the operating table will be diminished. Raise the stability by moving the operating table into such a position as to make the double castors point in the direction of the urological adaptor.



Danger!
For tables with longitudinal shift feature, the position of the table-top will bear influence on the stability of the operating table. Always shift the table-top into such a position, within the limits of the specific application, as to improve the stability of the table.

Attaching the rinsing basin on swivel-mounted support

- In order to attach the rinsing basin on swivel-mounted support, fix the vertical pole of the support to the side rail of the operating table by means of an appropriate fixing clamp.
- Make sure that the clamp is properly locked.
- Make the rinsing basin swivel into the desired position.

Attention!
In certain positions of the operating table the rinsing basin on swivel-mounted support may get damaged. Watch the movements of the rinsing basin on when adjusting the table top. If required, adapt the inclination angle of the rinsing basin to that of the operating table while carrying out the adjustment movements of the table top.

In order to raise the prestress of the hinge joints the caps of the joints can be removed and the screw underneath tightened by means of an Allen screw.

Further accessories of the Schmitz range

The operating tables can be adapted to special requirements by means of the ample range of accessories. It is essential to observe the operating instructions of the relative accessories. Among others, following accessories may be used:

Ref.-No.	Designation
101.103 101.104	Arm rests
101.110	Arm/hand operating table
101.121 101.122	Wristlets
101.127	Body restraint strap
101.145	Infusion rod
101.141	Anaesthetic frame
101.224	Leg supports (Göpel type)
101.174	Shoulder/lateral supports
101.182	Knee support
101.247	Rinsing basin with holder
101.161 101.167 101.164 101.166	various attachment clamps
101.254 and 101.256	Shaped head rest and connecting piece
101.270	Universal adaptor
101.188	Cushion, semicircular
101.190	Cushion for operations on the intervertebral disc
101.520	Extension device
101.281	Cassette carrier for X-ray cassettes

Cleaning and disinfection

The pads at the seat and back sections are removable for easier cleaning. Head section and leg plates can be removed completely. This way they can easily be cleaned individually.

Attention!
The pads will get deformed when exposed to heat. The operating table, including its pads, must not be sterilized by superheated steam.

Plastic components and pads of the operating table may only be cleaned using appropriate cleansing agents.

Cleaning

For cleaning a weak alkaline cleansing agent may be used, e. g. a mild detergent or soap-suds.

- If your operating table is equipped with an electrically-driven pump, interrupt the recharging process of the batteries.

- For cleaning, raise the operating table to maximum height and move seat and back section into horizontal position.
- If required, remove the pads of the seat and back sections.

Attention!
Agents for disinfection of the patient's skin can cause discolourations on the pads. Remove such disinfecting agents from the pads in order to avoid such discolourations.

Do not employ machine-driven methods of cleaning or disinfecting.

Do not use scouring agents or solvents.

- Clean the operating table and its pads using a weak alkaline all-purpose cleaning agent (e. g. soap-suds or mild detergents).
- Dry moist spots on the operating table and on its pads.
- Put the pads back into place.

Disinfection

For disinfecting a commercial disinfecting agent for surfaces on an aldehydic basis may be used.

Caution!
Disinfecting sprays may cause corrosion on mechanical parts, or create explosive mixtures inside the table components. For this reason, do not use disinfecting sprays!

Do not use disinfecting agents containing chlorine or agents hydrolysing chlorine.

Attention!
Agents for disinfection of the patient's skin may cause discolourations on the pads. Remove such disinfecting agents from the pads in order to avoid discolourations.

- Disinfect the operating table using a commercial disinfecting agent for surfaces on an aldehydic basis in a ready-made weak solution. The agent should be mentioned in the list of the DGHM (i. e. the German society for hygiene and microbiology).

The list of the DGHM can be obtained from the publishers
mhp-Verlag
Ostring 13
D-65205 Wiesbaden
Germany.

Check-ups

Ageing, wear and tear etc. will affect the safety of the operating table. As a preventive measure, we recommend regular safety check-ups. The user has to carry out the safety check-ups prescribed for this device.

The safety-relevant check-ups are legally prescribed in the operators' ordinance and have to be observed.

Following check-ups have been stipulated for the inspections:

Annually

- Checking the labels and the availability of the operating manual
- Visual inspection of the operating table and of the accessories with regard to possible damages
- Functional test of the operating table
- Checking the electrical safety according to German Standard VDE 0751, part 1, standard, or alternatively according to European Standard 60601-1-1 (repeat test)

Every five years

- Checking all hydraulic hoses and all hydraulic connections for possible damages
- Replacement of batteries in the case of operating tables with electro-hydraulic adjustment functions (E-type models)

If defects are stated on the occasion of the safety check-ups, the operating table must not be used until these defects have been repaired.

Electromagnetic compatibility (EMC)

The following paragraph regarding electromagnetic compatibility only applies for the mobilis "E" model series.

- mobilis 300 CE
- mobilis 300 CE/G
- mobilis 300 CLE
- mobilis 300 CLE/G

The models listed above are called OPX mobilis in the following.

Portable and mobile communication media using RF may interfere with electric medical appliances. Electric medical appliances are subject to special precautionary measures with regard to EMC. They have to be installed and commissioned in accordance with the prescriptions regarding EMC as stated in this operating manual.

Electromagnetic Emissions

Guidance and Manufacturer's Declaration - Electromagnetic Emissions		
The operating table OPX mobilis is intended for use in the electromagnetic environment specified below. Users of the OPX mobilis operating table should make sure that it is used in such an environment.		
Electromagnetic Emissions	**Compliance**	**Electromagnetic Environment - Guidance**
RF Emissions CISPR 11	Group 1	The OPX mobilis operating table uses RF energy only for its internal functions. Therefore, its RF emissions are low and are not likely to cause any interference in nearby electronic equipment.
RF Emissions CISPR 11	Class B	The OPX mobilis operating table is suitable for use in all establishments other than domestic and those directly connected to the public low-voltage power supply network that supplies buildings used for domestic purposes.
Harmonic Emissions IEC 61000-3-2	Not applicable	
Voltage Fluctuations/ Flicker Emissions IEC 61000-3-3	Not applicable	

Electromagnetic Immunity Guidance

Immunity Test	**IEC 60601Test Level**	**Compliance Level**	**Electromagnetic Environment - Guidance**
Electrostatic Discharge (ESD) IEC 61000-4-2	±6kV Contact ±8kV Air	±6 kV Contact ±8 kV Air	Floors should be wood, concrete, or ceramic tile. If floors are covered with synthetic material, the relative humidity should be at least 30%.
Electric Fast Transient / Burst IEC 61000-4-4	±2 kV on power supply lines ±1 kV on input/output lines	±2 kV on power lines ±1 kV on input/output lines	Mains power quality should be that of a typical commercial or hospital environment.
Surge IEC 61000-4-5	±1 kV Differential mode voltage ±2 kV Common mode voltage	±1 kV Differential mode voltage ±2 kV Common mode voltage	Mains power quality should be that of a typical commercial or hospital environment.
Voltage Dips, Short Interrupts and Variations on Power Supply Lines IEC 61000-4-11	<5% U_T (>95% dip in U_T) for 0.5 cycles 40% U_T (60% dip in U_T) for 5 cycles 70% U_T (30% dip in U_T) for 25 cycles <5% U_T (<95% dip in U_T) for 5 seconds	not applicable	
Power Frequency Magnetic Fields (50/60 Hz) IEC 61000-4-8	3 A/m	3 A/m	Power frequency magnetic fields should be those of a typical commercial or hospital environment.
Note	U_T is the AC mains voltage prior to application of the test level.		

Electromagnetic Immunity for Non-Life-Supporting Equipment

Guidance and Manufacturer's Declaration - Electromagnetic Immunity			
The OPX mobilis operating table is intended for use in the electromagnetic environment specified below. Users of the OPX mobilis operating table should make sure that it is used in such an environment.			
Immunity Test	**IEC 60601 Test Level**	**Compliance Level**	**Electromagnetic Environment - Guidance**
Conducted RF Disturbance IEC 61000-4-3 Radiated RF Disturbance 61000-4-3	3 V_{eff} 150 kHz to 80 MHz 3 V/m 80 MHz to 2.5 GHz	3 V 3 V/m	Portable and mobile RF communications equipment should not be used at a closer distance to the OPX mobilis operating table including its power supply line than the recommended separation distance estimated using the equation applicable to the frequency of the transmitter. **Separation distance** $d = \left(\frac{3,5}{3}\right)\sqrt{P}$ $d = \left(\frac{3,5}{3}\right)\sqrt{P}$ 80 MHz to 800 MHz $d = \left(\frac{7}{3}\right)\sqrt{P}$ 800 MHz to 2.5 GHz where P is the maximum output power rating of the transmitter in watt (W) according to the manufacturer of the transmitter and d is the recommended separation distance in meters (m). Field strengths from fixed RF transmitters, as determined by an electromagnetic site survey, should be less than the compliance level in each frequency range. Interference may occur in the vicinity of equipment marked with the following symbol:
Note 1	At 80 MHz and 800 MHz, the higher frequency range applies		
Note 2	These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.		
a	Field strengths from fixed transmitters, such as base stations for radio (cellular/cordless) telephones and land mobile radios, amateur radio, AM and FM radio broadcast and TV broadcast cannot be predicted theoretically with accuracy. To assess the electromagnetic environment due to fixed RF transmitters, an electromagnetic site survey should be considered. If the measure field strength in the location in which the OPX mobilis operating table is used exceeds the applicable RF compliance level above, the OPX mobilis operating table should be observed to verify normal operation.		
b	Over the frequency range 150 kHz to 80 MHz, field strengths should be less than 3 V/m		

Recommended separation distances

Recommended separation distance between portable and mobile RF communications equipment and the OPX mobilis operating table

The OPX mobilis operating table is intended for use in the electromagnetic environment in which radiated RF disturbances are controlled. The user of the OPX mobilis operating table can help prevent electromagnetic interference by maintaining a minimum distance between portable and mobile RF communications equipment (transmitters) and the operating table as recommended below, according to the maximum output power of the communications equipment.

Rated maximum output power of transmitter W	**Separation distance according to frequency of transmitter m**		
	150 kHz to 80 MHz $d = \left(\frac{3,5}{3}\right)\sqrt{P}$	**80 MHz to 800 MHz** $d = \left(\frac{3,5}{3}\right)\sqrt{P}$	**800 MHz to 2.5 GHz** $d = \left(\frac{7}{3}\right)\sqrt{P}$
0.01	0.12	0.12	0.23
0.1	0.37	0.37	0.74
1	1.2	1.2	2.3
10	3.7	3.7	7.4
100	12	12	23

For transmitters rated at a maximum output power not listed above, the recommended separation distance d in meters (m) can be estimated using the equation applicable to the frequency of the transmitter, where P is the maximum output power rating of the transmitter in watt (W) according to the manufacturer of the transmitter.

Note 1 At 80 MHz and 800 MHz, the higher frequency range applies

Note 2 These guidelines may not apply in all situations. Electromagnetic propagation is affected by absorption and reflection from structures, objects and people.

Malfunctions and repairs

In case of a malfunction, please contact Schmitz u. Söhne. You will find their telephone number on the last page of this operating manual.

Disposal

Apart from the metal elements, especially following components have to be disposed of according to the local regulations:

- batteries
- hydraulic fluid
- electronic components
- foam pads
- bellows (PVC)
- floor pan (ABS)

Disposal

Spare parts

Technical descriptions such as circuit diagrams, exploded views, repair instructions or spare parts lists can be obtained upon request from Schmitz u. Söhne.

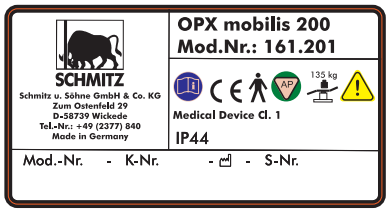
When ordering technical descriptions or spare parts at the manufacturer's, kindly indicate the reference no., the serial no. and the project no. of the operating table. You will find these data on the nameplate of the operating table.

In the case of coloured pads, please also indicate the ref. no. of the colour. You will find the colour no. on the back of the pads.

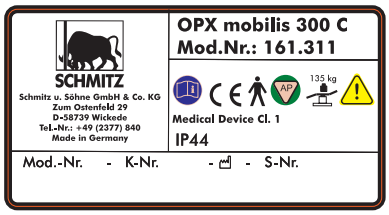
Product designation

Nameplates

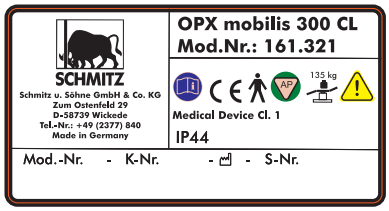
OPX mobilis 200



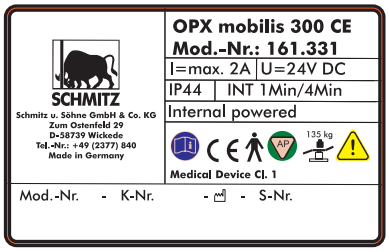
OPX mobilis 300 C



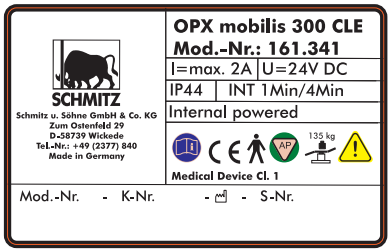
OPX mobilis 300 CL



OPX mobilis 300 CE

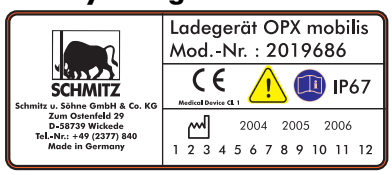


OPX mobilis 300 CLE



"G" models are marked accordingly

Battery charger

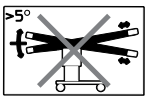


Symbols employed on the product

Potential equalization socket

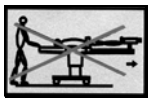
Class AP device

Observe the operating manual!



Do not activate the longitudinal shift function at a Trendelenburg/Reverse Trendelenburg inclination angle of the table-top of more than 5°.

Do not move the table when a knee rest is attached.



Do not move the table when an extension device is attached.

Technical data

Measurements/ weights/ electrical data

	OPX mobilis 200	OPX mobilis 300 C OPX mobilis 300 C/G	OPX mobilis 300 CL OPX mobilis 300 CL/G	OPX mobilis 300 CE OPX mobilis 300 CE/G	OPX mobilis 300 CLE OPX mobilis 300 CLE/G
Total length w/o head plate	1,780 mm				
Total length incl. head plate	2,130 mm				
Width of table-top	540 mm				
Total width	590 mm				
Base plate (length x width)	980 × 545 mm				
Diameter of swivel-type castors	125 mm				
Height adjustment range	720 to 1,080 mm	720 to 1,080 mm	740 to 1,100 mm	720 to 1,080 mm	740 to 1,100 mm
Trendelenburg adjustment	30°				
Reverse Trendelenburg adjustment	30°				
Lateral adjustment both sides	—	±20°	±20°	±20°	±20°
Range of longitudinal shift of the table-top	—	—	250mm (2 × 125mm)	—	250mm (2 × 125mm)
Back section adjustment	+70°/-50°				
Leg plate inclination	+20°/-90°				
Leg plate spread angle	—	45°	45°	45°	45°
Head plate inclination totally	+25° to 45°				
Setting angle of head section pad	—	25°	25°	25°	25°
Weight	160 kg	180 kg	190 kg	200 kg	210 kg
Nominal charge / Maximum charge	135kg/185kg				
Pressure rating of the hydraulic system	120 bar				

Measurements/ weights/ electrical data

	OPX mobilis 200	OPX mobilis 300 C OPX mobilis 300 C/G	OPX mobilis 300 CL OPX mobilis 300 CL/G	OPX mobilis 300 CE OPX mobilis 300 CE/G	OPX mobilis 300 CLE OPX mobilis 300 CLE/G
Applied part	type B According to European Standard 60601-2-46 the maximum admissible leakage currents meet the CF requirement				
INT 1 min/4 min				The appliance is not designed for uninterrupted duty. A 4 minutes' interval is recommended after 1 minute's full-load operation.	
Protection against ingress of water	IP X 4				
Protection against the presence of flammable anaesthetic mixtures	AP				
Fuses employed ("E" models only)				Fine-wire fuses 5 x 20mm: F1 = 10 A, time lag type/ F2 = 3.15 A, time lag type	
Battery type employed				4 pcs; 6 V; 12 Ah	
Input AC of the battery charger				90 V to 264 V / 50 to 60 Hz / max. 1.2 A	
Output DC of the battery charger				max. 29.5 V DC / 2 A	
Internal fuses of the battery charger				Fine-wire fuses 5 × 20 mm: 2 pcs 0.4 A, time lag type / 1 pc 2.0 A, time lag type	
Manufacturer	Schmitz u. Söhne GmbH & Co. KG P. O. Box 14 61, D-58734 Wickede (Ruhr) Zum Ostenfeld 29, D-58739 Wickede (Ruhr), Germany phone +49 (2377) 840 fax +49 (2377) 84162 http://www.schmitz-soehne.de e-mail Domestic sales dept.: zentrale@schmitz-soehne.de e-mail Exports dept.: export@schmitz-soehne.de e-mail After-sales service: service@schmitz-soehne.de				

Under reservation of changes in construction and measurements.

Classification

Class 1 medical device according to guideline 93/42 EC

Standards applied

The operating table OPX mobilis fulfils the requirements of following standards:

- European Standard 60601-1:1990 + A1:1993 + A2:1995
- European Standard 60601-1-2:2002
- European Standard 60601-2-46:1998
- European Standard ISO 14971
- German VDE Standard 100-710

EG – Konformitätserklärung

Declaration of Conformity
Déclaration de conformité
Declaración de conformidad

Hersteller
Producer
Fabricant
Fabricante

Schmitz u. Söhne GmbH & Co. KG

Das Produkt,
The product,
Le produit,
El producto,

Typenbezeichung, Beschreibung
Type Reference, Description
Modèle référence, description.
Tipo, referencia, descripción

OPX-mobilis
Modell
161.201/205, 161.311/315, 161.321/325, 161.331/335, 161.341/345
Operationstisch

Produkt-Code gemäß Nomenklatur UMDNS:
Product Code from nomenclature UMDNS:
Code de produit selon la nomenclature de l´UMDNS:
Código del producto según nomenclatura UMDNS:

13-961

auf das sich diese Erklärung bezieht, entspricht den Bestimmungen der Richtlinie:
to which this declaration is in conformity and is in accordance with the provisions of the specific regulation:
auquel e rapport cette déclaration, correspond aux recommandations:
al cual hace referencia esta declaración, corresponde a las normas:

Nr.: 93 / 42 / EWG **für Medizinprodukte (Klasse 1 gemäß Artikel 9 der Richtlinie)**
for Medical Device, Class 1 (acc. to art. 9 of the specific regulation)
pour des produits médicaux de la catégorie 1 (selon art. 9 de la recommandation)
Para equipamiento médico, clase 1 (según art. 9 de las normas)

Ausstellungsdatum: 24.05.2002
Date of Issue
Date de délivrance:
Fecha de expedición:

SCHMITZ u. Söhne GmbH & Co. KG

L. Schmitz

T. Krüger
Sicherheitsbeauftragter für Medizinprodukte

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Schmitz u. Söhne GmbH, Amtsgericht Werl HRB 1177 Bernhard Schmitz, Ludolf Schmitz

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The company reserves the right to alter the design, construction, dimension and finish of its products without notice.